

## SUPPLEMENTAL APPLICATION DATA SHEET

### APPLICATION INFORMATION

|                          |                   |
|--------------------------|-------------------|
| Application Number::     | <u>10/586,307</u> |
| Application Date::       | <u>07/14/06</u>   |
| Application Type::       | REGULAR           |
| Subject Matter::         | UTILITY           |
| CD-ROM or CD-R?::        | NONE              |
| Title::                  | COATED ABRASIVES  |
| Attorney Docket Number:: | 293610US0PCT      |

### INVENTOR INFORMATION

|                               |                  |
|-------------------------------|------------------|
| Applicant Authority Type::    | INVENTOR         |
| Primary Citizenship Country:: | <u>Ireland</u>   |
| Status::                      | FULL CAPACITY    |
| Given Name::                  | <u>David</u>     |
| Middle Name::                 | <u>Patrick</u>   |
| Family Name::                 | <u>EGAN</u>      |
| City of Residence::           | <u>Kilkishen</u> |
| Country of Residence::        | <u>Ireland</u>   |
| Street of Mailing Address::   | <u>Berra</u>     |
| City of Mailing Address::     | <u>Kilkishen</u> |
| Country of Mailing Address::  | <u>Ireland</u>   |

|                               |                     |
|-------------------------------|---------------------|
| Applicant Authority Type::    | INVENTOR            |
| Primary Citizenship Country:: | <u>South Africa</u> |
| Status::                      | FULL CAPACITY       |
| Given Name::                  | <u>Johannes</u>     |
| Middle Name::                 | <u>Alexander</u>    |
| Family Name::                 | <u>ENGELS</u>       |
| City of Residence::           | <u>Newport</u>      |
| Country of Residence::        | <u>Ireland</u>      |
| Street of Mailing Address::   | <u>Clonbunny</u>    |
| City of Mailing Address::     | <u>Newport</u>      |
| Country of Mailing Address::  | <u>Ireland</u>      |

Applicant Authority Type:: INVENTOR  
 Primary Citizenship Country:: United Kingdom  
 Status:: FULL CAPACITY  
 Given Name:: Michael  
 Middle Name:: Lester  
 Family Name:: FISH  
 City of Residence:: Ennis  
 Country of Residence:: Ireland  
 Street of Mailing Address:: Solas, Ballaghboy  
 City of Mailing Address:: Ennis  
 Country of Mailing Address:: Ireland

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

|                  |                   |                      |                      |
|------------------|-------------------|----------------------|----------------------|
| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage of | PCT/IB05/00061       | 01/13/05             |

#### FOREIGN PRIORITY INFORMATION

|                     |           |               |                    |
|---------------------|-----------|---------------|--------------------|
| Application Number: | Country:: | Filing Date:: | Priority Claimed:: |
| S2004/0023          | Ireland   | 01/15/04      | YES                |

#### ASSIGNMENT INFORMATION